

POSITION	ID NO.	DATE
CLASSIFIER	11	12/17/47
EXAMINER		
TYPIST		
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Final	Original	Date
1	1	1	2/17/47
2	1	1	2/17/47
3	2	2	2/17/47
4	2	2	2/17/47
5	2	2	2/17/47
6	2	2	2/17/47
7	2	2	2/17/47
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49	2	2	2/17/47
50	2	2	2/17/47

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Claim	Date
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